



1-30-04

cc/37373

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE:

APPLICANT : JAMES WINTER  
TITLE : METHOD OF TREATMENT USING  
MAGNETIC RESONANCE AND  
APPARATUS THEREFOR  
APPLN. NO. : 10/412,913  
FILING DATE : April 14, 2003  
ART UNIT : 3737  
EXAMINER : Ruth S. Smith  
ATTORNEY DOCKET NO. : 5486-3

TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
FEB 05 2004  
TECHNOLOGY CENTER R3700

CERTIFICATE OF EXPRESS MAILING

Express Mail Mailing Label No.: ER 305799577 US  
Date of Deposit: January 29, 2004

I hereby certify that this correspondence, along with any paper indicated as being enclosed, are being deposited with the United States Postal Service as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10, postage prepaid, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on January 29, 2004.

1/29/04  
Date

*Olga Stefaniak*  
Olga Stefaniak

TRANSMITTAL LETTER ACCOMPANYING RESPONSE TO RESTRICTION  
REQUIREMENT AND PRELIMINARY AMENDMENT

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement (2 pgs.) and Preliminary Amendment (14 pages) in the above-captioned application.

[XX] Small Entity status of this application pursuant to 37 C.F.R. §1.9(f) and §1.27(b) has been established by a Verified Statement previously submitted.

☐ A Verified Statement to establish Small Entity status pursuant to 37 C.F.R. § 1.9(f) and § 1.27(b) is enclosed.

☐ It is believed that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a Petition for Extension of Time under 37 C.F.R. § 1.136(a).

☐ Applicant petitions for an Extension of Time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)-(d)) for the total number of months checked below:

<u>Extension</u> <u>Month(s)</u>	<u>Fee For Other Than</u> <u>Small Entity</u>	<u>Fee For</u> <u>Small Entity</u>
<input type="checkbox"/> 1 month	\$110.00	\$ 55.00
<input type="checkbox"/> 2 months	\$420.00	\$ 210.00
<input type="checkbox"/> 3 months	\$950.00	\$ 475.00
<input type="checkbox"/> 4 months	\$1,480.00	\$ 740.00
<input type="checkbox"/> 5 months	\$2,010.00	\$1,005.00

☐ A Terminal Disclaimer Pursuant to 37 C.F.R. § 1.321(b) and (c) is enclosed.

☐ An Assignment ( pgs.) is enclosed.

☐ Assignment Cover Sheet (1 pg.)

☐ An Information Disclosure Statement Pursuant to 37 C.F.R. §§ 1.56, 1.97 and 1.98 ( pgs.) is enclosed.

☐ Form PTO-1449

☐ References

[XX] A postage-prepaid, self-addressed postcard to acknowledge receipt of this communication is enclosed.

☐ Other

☐ \_\_\_\_\_

The claim fee has been calculated as shown below:

(Column 1)		(Column 2)		(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TION- AL FEE	RATE	ADDI- TION- AL FEE
TOT	* 24	Minus	** 20	= 4	x 9 =	\$ 36	OR	x 18 = \$
IND	* 7	Minus	*** 3	= 4	x 43 =	\$172	OR	x 86 = \$
FIRST PRESENTATION OF MULT. DEP. CLAIMS					+ 145=	\$145	OR	+ 290= \$
					TOTAL	\$353	OR	TOTAL \$

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

☐ No additional claim fee is required.

☐ Please charge my Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Two copies of this transmittal are attached.

☒ Credit Card Payment Form (PTO-2038) for the payment of \$353 to cover additional claim fee of \$36, additional independent claim fee of \$172 and the multiple dependent claim fee of \$145 is enclosed.

☐ The Commissioner is hereby authorized to charge any deficiency in fees associated with this communication, or credit any overpayment, to Deposit Account No. \_\_\_\_\_. Two copies of this transmittal are attached.

Respectfully submitted,

1/29/04  
Date

Robert S. Lipton, Esquire  
Registration No. 25,403

LIPTON, WEINBERGER & HUSICK  
201 N. Jackson Street  
P.O. Box 934  
Media, PA 19063-0934  
Telephone: (610) 566-6000  
Facsimile: (610) 566-3660